

173-1

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 98-2  
Registered No. 69

1. PLACE OF BIRTH

County Gila State Arizona  
Township Hayden or Village Hayden  
City Hayden No. Hayden Hospital St. Hayden Ward Hayden  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James William Sisk (If child is not yet named, make supplemental report, as directed)

3. Sex male If plural births none 4. Twin, triplet, or other none 5. Number, in order of birth 1 6. Premature no Full term yes 7. Legitimate yes 8. Date of birth April 6, 1914 (Month, day, year)

9. Full name FATHER Carl William Sisk 18. Full maiden name MOTHER Pearl Katherine Sisk

10. Residence (usual place of abode) Hayden, Arizona 19. Residence (usual place of abode) Hayden, Arizona  
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race White 12. Age at last birthday 24 (Years) 20. Color or race White 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) Milton 22. Birthplace (city or place) Greenfield  
(State or country) Oregon (State or country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

16. Date (month and year) last engaged in this work Nov. July 12, 1930 17. Total time (years) spent in this work 11 25. Date (month and year) last engaged in this work Nov. July 12, 1930 26. Total time (years) spent in this work since marriage

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation none months or weeks 29. Cause of stillbirth none Before labor checked During labor checked

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Hayden m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report 128-408-722 (Date of) July 31, 1930

(Signed) Carl W. Sisk (Father) M. D. or Midwife Address 1406-71-40-2nd St. Hayden Filed July 31, 1930 Registrar. Hayden